

EMERGENCY AND MINOR HOME REPAIR PROGRAM

CONTRACTORS

A step by step guide to doing business with Town of
Gilbert's Emergency Home Repairs Program



IT'S EASY AS 1-2-3...

1. Read
2. Register
3. Return



WE WANT YOU TO WORK FOR US!

- ✕ Follow this brief presentation find out how to become a vetted Emergency Home Program vendor

LOCAL PROFESSIONALS WANTED

- ✖ Gilbert hires only licensed, professional contractors to provide efficient, timely and quality repairs to homeowners in need
- ✖ A rotating pool of contractors bid on large and small home repair projects in all trades ~ appx. 60-80 projects annually
- ✖ Contractors receive detailed project assessments via e-mail
Contractors set appointments with homeowners to assess scope of work
- ✖ After assessment, contractors submit written bids containing labor and materials costs
- ✖ Contractor awarded with notice to proceed
- ✖ Contractor completes job and submits invoicing for payment

QUALIFICATIONS

- ✦ Licensed contractor in good standing with Arizona Registrar of Contractors
- ✦ Sole proprietor or employer with multiple employees
- ✦ All trades welcome!
- ✦ Priority is given to local, minority and women-owned business participating in this federally-funded program.



LET'S GET STARTED...

Town of Gilbert requires each contractor to fill out a brief vender file with some documents that includes the following:

1. Signed copy of W-9 Taxpayer Certificate
2. Signed Sole Proprietor form or Workman's Compensation Insurance Copy
3. DUNS and SAM numbers
4. Signed Debarment and Suspension Form
5. Sample Invoice Copy
6. Certificate of Insurance with Town of Gilbert as Added-Insured to your policy

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ing form.

W-9 <small>January 2017 Department of the Treasury Revenue Service</small>	<p align="center">Request for Taxpayer Identification Number and Certification</p> <p align="center">► Go to www.irs.gov/FormW9 for instructions and the latest information.</p>	<p align="center">Give Form requester. send to the</p>
<p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p>		
<p>2 Business name/disregarded entity name, if different from above</p>		
<p>3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.</p> <p> <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate </p> <p> <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► </p> <p>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</p> <p> <input type="checkbox"/> Other (see instructions) ► </p>		
<p>4 Exemptions (codes apply to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Applies to accounts maintained outside the United States)</small></p> <p>5 Address (number, street, and apt. or suite no.) See instructions.</p> <p>6 City, state, and ZIP code</p> <p>Requester's name and address (optional)</p>		

W-9 TAXPAYER INFORMATION

Fill out the form

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ing form.

CONTRACT FOR PERSONAL SERVICES - ATTACHMENT:
SOLE PROPRIETOR'S WAIVER OF WORKERS' COMPENSATION BENEFITS
(Pursuant to A.R.S. § 23-961(L))

I am a sole proprietor and I am doing business as
[Redacted]

I am performing work as an independent contractor for
the Town of Gilbert, a municipal subdivision of the State of Arizona. I am not the employee of
the Town of Gilbert for Workers' Compensation purposes, and, therefore, I am not entitled to
Workers' Compensation benefits from the Town of Gilbert. I understand that if I have any
employees working for me, I must maintain Workers' Compensation insurance on them.

[Redacted] [Redacted]

Sole Proprietor Date

SOLE PROPRIETOR OR WORKMAN'S COMPENSATION WAIVER FORM

Fill out the form



MULTIPLE EMPLOYEES

✗ Workman's Compensation Insurance copy required

✗ Sample

ACORD		CERTIFICATE OF LIABILITY INSURANCE		KROEHL		01/13/2016	
<p>THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURERS, AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.</p> <p>IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).</p>							
<p>PRODUCER: Bryant & Brown of Michigan 1101 Taylor Road Farmington, MI 48333 Jason A. Vandenberghe, CWCA</p>				<p>AGENT: Jason A. Vandenberghe, CWCA Kroehl, Inc., 810-429-1356 j.vandenberghe@kroehl.com FAX: 810-429-7738</p>			
<p>INSURED: Kroehl Construction Inc. 28017 Ford Rd Garden City, MI 48135</p>				<p>INSURER'S AUTOMOBILE COVERAGE</p> <p>INSURER'S HOME OWNERS 20938 INSURER'S AUTO OWNERS 18988 INSURER'S: INSURER'S: INSURER'S:</p>			
<p>COVERAGES</p> <p>THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.</p>							
LINE	TYPE OF INSURANCE	POLICY NUMBER	START DATE	END DATE	COVERAGE	LIMITS	
A	COMMERCIAL GENERAL LIABILITY CGL - BODILY INJURY AND PROPERTY DAMAGE CGL - ADVERTISING INQUIRY CGL - PRODUCT AND COMPLETED OPERATIONS CGL - CONTRACTORS POLLUTANTS CGL - OTHER	14048852	01/01/2016	01/01/2017	BODILY INJURY AND PROPERTY DAMAGE ADVERTISING INQUIRY PRODUCT AND COMPLETED OPERATIONS CONTRACTORS POLLUTANTS OTHER	\$1,000,000 \$50,000 \$5,000 \$1,000,000 \$3,000,000	
B	AUTOMOBILE LIABILITY B - OWNERS AND OPERATORS B - HIRENDS B - NON-OWNED B - HIRENDS B - NON-OWNED B - HIRENDS	4764220100	01/01/2016	01/01/2017	COMBINED SINGLE LIMIT BODILY INJURY AND PROPERTY DAMAGE BODILY INJURY AND PROPERTY DAMAGE BODILY INJURY AND PROPERTY DAMAGE BODILY INJURY AND PROPERTY DAMAGE	\$1,000,000 \$1,000,000 \$1,000,000 \$1,000,000	
A	SPRINKLER CLAIM A - SPRINKLER CLAIM A - SPRINKLER CLAIM A - SPRINKLER CLAIM	4764220101	01/01/2016	01/01/2017	BODILY INJURY AND PROPERTY DAMAGE ADVERTISING INQUIRY PRODUCT AND COMPLETED OPERATIONS CONTRACTORS POLLUTANTS OTHER	\$3,000,000 \$3,000,000 \$3,000,000 \$3,000,000	
A	WORKERS COMPENSATION AND EMPLOYERS LIABILITY A - WORKERS COMPENSATION AND EMPLOYERS LIABILITY A - WORKERS COMPENSATION AND EMPLOYERS LIABILITY A - WORKERS COMPENSATION AND EMPLOYERS LIABILITY	14018427	01/01/2016	01/01/2017	WORKERS COMPENSATION AND EMPLOYERS LIABILITY ADVERTISING INQUIRY PRODUCT AND COMPLETED OPERATIONS CONTRACTORS POLLUTANTS OTHER	\$1,000,000 \$1,000,000 \$1,000,000 \$1,000,000	
<p>OPTIONAL COVERAGE: (1) LOCATED VEHICLES (ACORD 101) (2) Additional Services Schedule (see for details of items to be reported)</p>							
<p>CERTIFICATE HOLDER: Kroehl Construction Co. 28017 Ford Rd. Garden City, MI 48135</p>				<p>CANCELLATION: SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE: [Signature]</p>			
<p>ACORD 20 (01/14/01) The ACORD name and logo are registered marks of ACORD</p>							

INSURANCE

DUNS REGISTRATION

- ✖ DUNS stands for “Data Universal Numbering System.” Numbers are issued by Dun and Bradstreet and consist of a nine-digit numeric code.
- ✖ Provided FREE OF CHARGE
- ✖ Call 1-866-705-5711
- ✖ Be prepared to provide the following:
 - Name of Business
 - Address
 - Telephone Number
 - Name of the head of the business (Owner, CEO, President, Director, Etc.)
 - Type of Business
 - Total number of employees (both full and part-time)

SAM REGISTRATION

- ✖ SAM is the System for Award Management registration and is an official U.S. government registration for businesses receiving federal money.
- ✖ SAM registration is FREE and on-line only.
- ✖ Register at www.sam.gov
 - Link in center of page-”Register/Update Entity”
 - 1 hour process
 - Registration confirmed ~ 2 weeks

READY, SET... GO!

Check that you are ready to submit the following documents to Town of Gilbert for vendor registration

- ❑ Signed copy of W-9 Taxpayer Certificate
- ❑ Signed Sole Proprietor form or submit Workman's Compensation Insurance Copy
- ❑ DUNS and SAM numbers (or e-mailed confirmations of both registrations)
- ❑ Signed Debarment and Suspension Form
- ❑ Sample Invoice Copy
- ❑ Certificate of Insurance with Town of Gilbert as Added-Insured to your policy

SUBMIT TO US!

- ✦ Contractors may submit via e-mail to robert.kropp@gilbertaz.gov
- ✦ Mailed copy acceptable to:
Town of Gilbert Emergency Home Repairs Program
50 East Civic Center Drive
Gilbert, AZ, 85296
- ✦ Staff will review your information and inform you of your status within 2 business days



QUESTIONS?

Please ask!

Contact Robert Kropp

- Gilbert's Housing Rehabilitation Program Coordinator
- (480) 503-6277
- Robert.kropp@gilbertaz.gov

